

3051

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Charles b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ME Victoria		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MD. b. COUNTY Charles	
c. LENGTH OF STAY IN 1b Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X ME Victoria	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS 1	
3. NAME OF DECEASED (Type or print) Walter First Middle Last YATES BARBER		4. DATE OF DEATH MARCH 16 1959	
5. SEX M	6. COLOR OR RACE Cau	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH ? 1876 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Yates Barber		14. MOTHER'S MAIDEN NAME Eliza Morgan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT B.L. Grove, Wash 15, D.C.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Cardiopulmonary Failure 450.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Generalized Arteriosclerosis + Pulmonary Emphysema years DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic urinary obstruction			INTERVAL BETWEEN ONSET AND DEATH 6 months
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) No injury
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. no injury 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State) Wayside Charles Md.	
21. I certify that I attended the deceased from 1-4 , 19 59 , to 3-16 , 19 59 , that I last saw the deceased alive on 2-8 , 19 59 , and that death occurred at 1:45 P. M, from the causes and on the date stated above.			
ACTUAL SIGNATURE J.B. Detlor		DATE SIGNED 3/17/59	
PHYSICIAN'S NAME (Type) V.B. DETTOR, M.D.		M.D. LA PLATA, MD.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 3-18-59	22c. NAME OF CEMETERY OR CREMATORY Christ Ch. Cem.	22d. LOCATION (City, town, or county) (State) Wayside Md.
23. FUNERAL DIRECTOR'S SIGNATURE The Hunt Funeral Home, Wash D.C.		24a. REG'D BY REGISTRAR MAR 20 59	
ADDRESS		24b. REGISTRAR'S SIGNATURE Arthur S. Thomas	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Charles</i> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Charles</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>La Plata</i>		c. LENGTH OF STAY IN 1b	
d. NAME OF HOSPITAL (If not in hospital, give street address) <i>Empireview Mem. Hosp.</i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Joseph</i> First <i>B.</i> Middle <i>Bowling</i> Last		4. DATE OF DEATH Month <i>3-6</i> Day <i>1959</i> Year	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>June 21, 1870</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Business Man.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	
13. FATHER'S NAME <i>Benjamin F. Bowling</i>		14. MOTHER'S MAIDEN NAME <i>Mary C. Morton</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		17. INFORMANT Address <i>Mrs. Mary Ruey Bowling - La Plata, Maryland</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebro Vascular Accident</i> <i>331x</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Gen. Art. Sclerosis</i> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>1-12-59</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <i>19</i>		20d. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>1957</i> , 19 <i>12</i> , that I last saw the deceased alive on <i>3-6-1959</i> , and that death occurred at <i>9:15 A.M.</i> from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>E. Edelen</i> M.D.		DATE SIGNED <i>3/7/59</i>	
PHYSICIAN'S NAME (Type) <i>E. J. EDELEN M.D.</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>3/9/1959</i>	
22c. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet Cemetery</i>		22d. LOCATION (City, town, or county) (State) <i>Washington, D.C.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>Archart Funeral Home, Inc.</i>		24a. REC'D BY REGISTRAR <i>La Plata, Maryland</i>	
24b. REGISTRAR'S SIGNATURE <i>Charles E. Hume</i>		DATE <i>MAR 11 '59</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1902

1. Name of deceased		2. Sex		3. Age		4. Date of death		5. Time of death		6. Place of death		7. Cause of death		8. Manner of death		9. Signature of physician		10. Signature of registrar		11. Signature of informant	
John Doe		Male		45		Jan 15, 1902		10:00 AM		Home		Heart failure		Natural		J. Smith		A. Jones		B. White	
12. Name of informant		13. Address		14. City		15. State		16. County		17. District		18. Ward		19. Block		20. Lot		21. Sublot		22. Other	
John Doe		123 Main St		Baltimore		Maryland		Baltimore		North		1st		100		10		100		10	
23. Name of registrar		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
A. Jones		456 Elm St		Baltimore		Maryland		Baltimore		South		2nd		200		20		200		20	
23. Name of informant		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
B. White		789 Oak St		Baltimore		Maryland		Baltimore		North		3rd		300		30		300		30	
23. Name of registrar		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
C. Green		101 Pine St		Baltimore		Maryland		Baltimore		South		4th		400		40		400		40	
23. Name of informant		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
D. Black		202 Maple St		Baltimore		Maryland		Baltimore		North		5th		500		50		500		50	
23. Name of registrar		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
E. Brown		303 Cedar St		Baltimore		Maryland		Baltimore		South		6th		600		60		600		60	
23. Name of informant		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
F. Gray		404 Birch St		Baltimore		Maryland		Baltimore		North		7th		700		70		700		70	
23. Name of registrar		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
G. White		505 Elm St		Baltimore		Maryland		Baltimore		South		8th		800		80		800		80	
23. Name of informant		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
H. Black		606 Oak St		Baltimore		Maryland		Baltimore		North		9th		900		90		900		90	
23. Name of registrar		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
I. Brown		707 Pine St		Baltimore		Maryland		Baltimore		South		10th		1000		100		1000		100	
23. Name of informant		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
J. Gray		808 Cedar St		Baltimore		Maryland		Baltimore		North		11th		1100		110		1100		110	
23. Name of registrar		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
K. White		909 Elm St		Baltimore		Maryland		Baltimore		South		12th		1200		120		1200		120	
23. Name of informant		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
L. Black		1010 Oak St		Baltimore		Maryland		Baltimore		North		13th		1300		130		1300		130	
23. Name of registrar		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
M. Brown		1111 Pine St		Baltimore		Maryland		Baltimore		South		14th		1400		140		1400		140	
23. Name of informant		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
N. Gray		1212 Cedar St		Baltimore		Maryland		Baltimore		North		15th		1500		150		1500		150	
23. Name of registrar		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
O. White		1313 Elm St		Baltimore		Maryland		Baltimore		South		16th		1600		160		1600		160	
23. Name of informant		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
P. Black		1414 Oak St		Baltimore		Maryland		Baltimore		North		17th		1700		170		1700		170	
23. Name of registrar		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
Q. Brown		1515 Pine St		Baltimore		Maryland		Baltimore		South		18th		1800		180		1800		180	
23. Name of informant		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
R. Gray		1616 Cedar St		Baltimore		Maryland		Baltimore		North		19th		1900		190		1900		190	
23. Name of registrar		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
S. White		1717 Elm St		Baltimore		Maryland		Baltimore		South		20th		2000		200		2000		200	
23. Name of informant		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
T. Black		1818 Oak St		Baltimore		Maryland		Baltimore		North		21st		2100		210		2100		210	
23. Name of registrar		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
U. Brown		1919 Pine St		Baltimore		Maryland		Baltimore		South		22nd		2200		220		2200		220	
23. Name of informant		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
V. Gray		2020 Cedar St		Baltimore		Maryland		Baltimore		North		23rd		2300		230		2300		230	
23. Name of registrar		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
W. White		2121 Elm St		Baltimore		Maryland		Baltimore		South		24th		2400		240		2400		240	
23. Name of informant		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
X. Black		2222 Oak St		Baltimore		Maryland		Baltimore		North		25th		2500		250		2500		250	
23. Name of registrar		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
Y. Brown		2323 Pine St		Baltimore		Maryland		Baltimore		South		26th		2600		260		2600		260	
23. Name of informant		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
Z. Gray		2424 Cedar St		Baltimore		Maryland		Baltimore		North		27th		2700		270		2700		270	
23. Name of registrar		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
AA. White		2525 Elm St		Baltimore		Maryland		Baltimore		South		28th		2800		280		2800		280	
23. Name of informant		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
AB. Black		2626 Oak St		Baltimore		Maryland		Baltimore		North		29th		2900		290		2900		290	
23. Name of registrar		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
AC. Brown		2727 Pine St		Baltimore		Maryland		Baltimore		South		30th		3000		300		3000		300	
23. Name of informant		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
AD. Gray		2828 Cedar St		Baltimore		Maryland		Baltimore		North		31st		3100		310		3100		310	
23. Name of registrar		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
AE. White		2929 Elm St		Baltimore		Maryland		Baltimore		South		32nd		3200		320		3200		320	
23. Name of informant		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
AF. Black		3030 Oak St		Baltimore		Maryland		Baltimore		North		33rd		3300		330		3300		330	
23. Name of registrar		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
AG. Brown		3131 Pine St		Baltimore		Maryland		Baltimore		South		34th		3400		340		3400		340	
23. Name of informant		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
AH. Gray		3232 Cedar St		Baltimore		Maryland		Baltimore		North		35th		3500		350		3500		350	
23. Name of registrar		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
AI. White		3333 Elm St		Baltimore		Maryland		Baltimore		South		36th		3600		360		3600		360	
23. Name of informant		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
AJ. Black		3434 Oak St		Baltimore		Maryland		Baltimore		North		37th		3700		370		3700		370	
23. Name of registrar		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
AK. Brown		3535 Pine St		Baltimore		Maryland		Baltimore		South		38th		3800		380		3800		380	
23. Name of informant		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
AL. Gray		3636 Cedar St		Baltimore		Maryland		Baltimore		North		39th		3900		390		3900		390	
23. Name of registrar		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
AM. White		3737 Elm St		Baltimore		Maryland		Baltimore		South		40th		4000		400		4000		400	
23. Name of informant		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
AN. Black		3838 Oak St		Baltimore		Maryland		Baltimore		North		41st		4100		410		4100		410	
23. Name of registrar		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
AO. Brown		3939 Pine St		Baltimore		Maryland		Baltimore		South		42nd		4200		420		4200		420	
23. Name of informant		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
AP. Gray		4040 Cedar St		Baltimore		Maryland		Baltimore		North		43rd		4300		430		4300		430	
23. Name of registrar		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
AQ. White		4141 Elm St		Baltimore		Maryland		Baltimore		South		44th		4400		440		4400		440	
23. Name of informant		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	
AR. Black		4242 Oak St		Baltimore		Maryland		Baltimore		North		45th		4500		450		4500		450	
23. Name of registrar		24. Address		25. City		26. State		27. County		28. District		29. Ward		30. Block		31. Lot		32. Sublot		33. Other	

3053

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Charles</i> b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>L2 Plata</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Md.</i> b. COUNTY <i>Charles</i>	
3. NAME OF DECEASED (Type or print) <i>Mary ANN Burch</i> First Middle Last		4. DATE OF DEATH Month <i>2</i> Day <i>25</i> Year <i>1959</i>	
5. SEX <i>F</i>		6. COLOR OR RACE <i>White</i>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>3-20-59</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Joseph Earl Burch</i>		14. MOTHER'S MARDEN NAME <i>Elizabeth L. Adams</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>—</i> If yes, give war or dates of service		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT <i>Joseph E. Burch</i>		Address	
18. CAUSE OF DEATH {Enter only one cause per line for (a), (b), and (c)} PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> <i>760.0</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>TRAUMATIC BIRTH.</i> DUE TO (c) <i>(LONG LABOR)</i>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>Birth</i> , 19 <i>3-25</i> , 1959, that I last saw the deceased alive on <i>3-25</i> , 19 <i>59</i> , and that death occurred on <i>3-25</i> , 19 <i>59</i> , M, from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>E. J. Edele</i>		DATE SIGNED <i>3-26-59</i>	
PHYSICIAN'S NAME (Type) <i>E. J. EDELEN MD</i>			
22a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>3-26-59</i>	
22c. NAME OF CEMETERY OR CREMATORY <i>St Joseph's Cem.</i>		22d. LOCATION (City, town, or county) (State) <i>Pomfret Md.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>Huntt Funeral Home, Waldorf, Md.</i>		24a. REC'D BY REGISTRAR DATE <i>MAR 30 '59</i>	
24b. REGISTRAR'S SIGNATURE <i>Arthur S. Hwang</i>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,

page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with

the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

2066181xv6

CERTIFICATE OF DEATH

1903

James M. Adams
Age 67

March 20-03

W. A. Adams
Maryland

Joseph F. Adams

Joseph F. Adams

1

Age 2-1-21 Joseph F. Adams
Harrisburg, Pa. 1903

3054

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>CHARLES</u> MARYLAND				2. USUAL RESIDENCE Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> COUNTY <u>Charles</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>LAPLATA</u>				c. LENGTH OF STAY IN 1b <u>3 months</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Wicomico St. % Martin STAGER</u>				d. STREET ADDRESS <u>310 N Oxford St 83X-3</u>			
3. NAME OF DECEASED (Type or print) First <u>HARRIET</u> Middle <u>BURRAS</u> Last <u>BURRAS</u>				4. DATE OF DEATH Month <u>MARCH</u> Day <u>10</u> Year <u>1959</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JUL 19 1884</u>	
9. AGE (In years last birthday) <u>75</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.W.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>MD.</u>		11. BIRTHPLACE (State or foreign country) <u>MD.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME <u>unknown</u>				14. MOTHER'S MAIDEN NAME <u>unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>				16. SOCIAL SECURITY NO. <u>yes</u>		17. INFORMANT Address <u>WICOMICO ST</u> <u>MRS ANNE EDITH STAGER, LAPLATA, MD</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory Collapse</u> <u>420.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Crown Thrombosis</u> DUE TO (c) <u>degenerative Cardio-vascular disease</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 min</u> <u>shw.</u> <u>5 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Emphysema with hyperstatic pneumonia.</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>—</u>			
20c. TIME OF INJURY Hour o. m. _____ p. m. _____ Month, Day, Year _____ 19 _____		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>—</u>		20f. (City or town) (County) (State) <u>—</u>	
21. I certify that I attended the deceased from <u>10 March 1959</u> , to <u>10 March 1959</u> , that I last saw the deceased alive on <u>10 March 1959</u> , and that death occurred at <u>7:00 P.M.</u> from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>A. Wooddy</u>				ADDRESS (Street, city or town, state) DATE SIGNED <u>JARWOOD CLINIC</u> <u>10 March 59</u>			
PHYSICIAN'S NAME (Type) <u>ARTHUR O. WOODDY</u>				<u>LAPLATA, MARYLAND</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF <u>3/10/59</u>		22c. NAME OF CEMETERY OR CREMATORY <u>3524 Calverlie</u>		22d. LOCATION (City, town, or county) (State) <u>Baltimore Md</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Grechert Inc Laplata Md</u>				ADDRESS <u>—</u>		24a. REC'D BY REGISTRAR DATE <u>MAR 12 '59</u>	
				24b. REGISTRAR'S SIGNATURE <u>Arthur S. Hume</u>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 4 and 5 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1054

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, MD

<p>1. Name of deceased: <u>JOHN J. SMITH</u></p>	
<p>2. Date of death: <u>10/15/1968</u></p>	
<p>3. Place of death: <u>Home</u></p>	
<p>4. Cause of death: <u>Heart Disease</u></p>	
<p>5. Manner of death: <u>Natural</u></p>	
<p>6. Age at death: <u>65</u></p>	
<p>7. Sex: <u>Male</u></p>	
<p>8. Race: <u>White</u></p>	
<p>9. Marital status: <u>Married</u></p>	
<p>10. Occupation: <u>Teacher</u></p>	
<p>11. Signature of physician: <u>[Signature]</u></p>	
<p>12. Date of certification: <u>10/16/1968</u></p>	



3055

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Charles</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>La Plata</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Charles</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Waldorf, Rural</u>	
3. NAME OF DECEASED (Type or print) <u>Kate M. Buscher</u>		4. DATE OF DEATH <u>March 7 1959</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Cau.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 26 1869</u>
9. AGE (In years last birthday) <u>89</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Emp.</u>	
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Martin Luther Price</u>		14. MOTHER'S MAIDEN NAME <u>Lucy Ashton</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>579-48-9779</u>	
17. INFORMANT <u>Malvern J. Buscher</u>		Address <u>Waldorf, Md.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Incontinence & Senility</u> 9040 DUE TO <u>Fracture of left Hip From Fall</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Unable to Eat & Swallow</u> (c) <u>2 weeks</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Some years</u> <u>2/12/59</u> <u>2 weeks</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Had 2 operations to Pen Hip</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <u>Fell at home - door closed on open shop while throwing tin drum when she tried to lift pot</u>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. <u>3 PM 2/4/59</u> p. m.		20d. INJURY OCCURRED While <input checked="" type="checkbox"/> Not while <input type="checkbox"/> at work	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. (City or town) <u>Waldorf - Charles - Md</u> (County) (State)	
21. I certify that I attended the deceased from <u>Feb 1959</u> to <u>Mar 7 1959</u> that I last saw the deceased alive on <u>Mar 5 1959</u> and that death occurred at <u>8:00 P.M.</u> from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>Valerie M. Seron</u> M.D.		ADDRESS (Street, city or town, state) <u>Aguasco, Md</u> DATE SIGNED <u>3/9/59</u>	
PHYSICIAN'S NAME (Type) <u>VALERIE M. SERON MD</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	22b. DATE THEREOF <u>March 10, 1959</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	22d. LOCATION (City, town, or county) (State) <u>Washington D.C.</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Huntt Funeral Home</u>		24a. REC'D BY REGISTRAR <u>Waldorf, Md.</u> DATE <u>MAR 11 '59</u>	
		24b. REGISTRAR'S SIGNATURE <u>Arthur S. Kraus</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1125

DATE

TIME

PLACE

CAUSE

MANNER

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

Marital Status

Previous Illnesses

Drugs Taken

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Nurse

Signature of Family Member

Signature of Witness

Signature of Minister

Signature of Priest

Signature of Rabbi

Signature of Imam

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

3056

CERTIFICATE OF DEATH

Reg. Dist. No.

03047

1. PLACE OF DEATH a. COUNTY <u>Charles</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Charles</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Potomac Heights</u>	c. LENGTH OF STAY IN 1b <u>7 1/2 yrs</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Potomac Heights</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS <u>1</u>	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Richard</u> Middle <u>David</u> Last <u>Gross</u>		4. DATE OF DEATH Month <u>March</u> Day <u>17</u> Year <u>19 59</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-5-84</u>
9. AGE (In years last birthday) <u>74</u> yrs		IF UNDER 1 YEAR Months <u>7</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u>17</u> Min <u>59</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Steel Powder Factory</u>	11. BIRTHPLACE (State or foreign country) <u>Bryantown, Md</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>Richard Gross</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth James Briscoe</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>May E Gross</u> Address <u>Potomac Heights, Md.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> <u>445x</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Hypertensive Heart Disease</u> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>None</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <u>19</u> p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>June 1955</u> to <u>March 17, 1959</u> , that I last saw the deceased alive on <u>March 17, 1959</u> , and that death occurred at <u>9:30 AM</u> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>Frank G. Susan</u> M.D.		ADDRESS (Street, city or town, state) <u>Indianhead, Md</u> DATE SIGNED <u>3/17/59</u>	
PHYSICIAN'S NAME (Type) <u>Frank A. Susan M.D.</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>3-20-59</u>	22c. NAME OF CEMETERY OR CREMATORY <u>St Marys</u>	22d. LOCATION (City, town, or county) (State) <u>Bryantown Md.</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>The Hunt Funeral Home, Wash D.C., Md.</u>		24a. REC'D BY REGISTRAR DATE <u>MAR 23 '59</u>	24b. REGISTRAR'S SIGNATURE <u>Arthur S. Kline</u>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



3057

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE <u>Maryland</u> b. COUNTY <u>Charles</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>LA PLATA</u>				c. LENGTH OF STAY IN 1b <u>2 days</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Physicians Memorial Hospital.</u>				e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural. Ripley</u>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>J</u> <u>STANLEY</u> <u>HANNON</u>				4. DATE OF DEATH Month Day Year <u>MARCH</u> <u>15</u> <u>1959</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>8/18/1877</u>	
9. AGE (In years last birthday) yrs. <u>81</u>		IF UNDER 1 YEAR Months Days Hours Min. <u>81</u>		IF UNDER 24 HRS. <u>81</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME <u>Charles Edward Hannon</u>				14. MOTHER'S MAIDEN NAME <u>Sarah (Unknown)</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Hospital Records</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Respiratory Collapse.</u> DUE TO (b) <u>Congestive heart failure</u> DUE TO (c) <u>Arteriosclerotic heart disease.</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>3 min.</u> <u>3 months.</u> <u>3 years.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o m. p. m. <u>19</u>				20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from <u>Nov 1958</u> , to <u>March 1959</u> , that I last saw the deceased alive on <u>15 March 1959</u> , and that death occurred at <u>7:00 P.M.</u> from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED <u>16 Mar 59.</u>							
ACTUAL SIGNATURE <u>Arthur J. Woody</u> M.D. <u>Cheswood Chase</u>							
PHYSICIAN'S NAME (Type) <u>ARTHUR J. WOODY MD</u> <u>La Plata, Md.</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>3/18/1959</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Bumpy Oak Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Pomokry Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>AREHART FUNERAL HOME, INC. LA PLATA, MD.</u>				24a. REC'D BY REGISTRAR DATE <u>MAR 19 59</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur S. Kraus</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



3058

CERTIFICATE OF DEATH

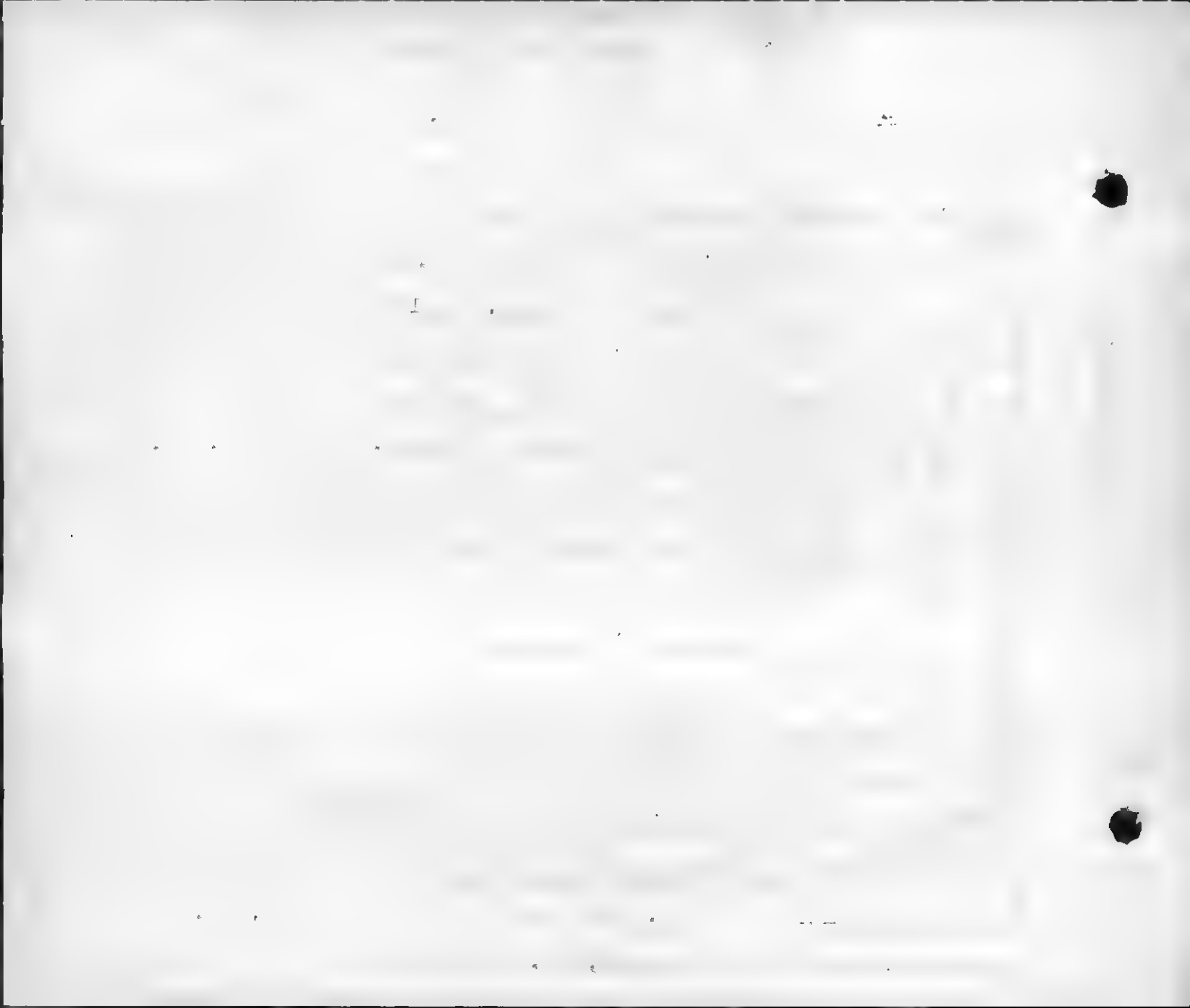
03049

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Charles b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata c. LENGTH OF STAY IN 1b La Plata d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Physicians Memorial Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. b. COUNTY Charles c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Waldorf d. STREET ADDRESS rural Waldorf e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Henry Middle Hemming Last Sr.		4. DATE OF DEATH Month MARCH Day 6 Year 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 22 1882 9. AGE (In years last birthday) 77 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Albert Hemming		14. MOTHER'S MAIDEN NAME UNK	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or both) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 220-34-4304	
17. INFORMANT Henry Hemming Jr.		Address Waldorf, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Intestinal obstruction Peritonitis DUE TO (b) Perforation Sigmoid Diverticulum DUE TO (c) Diabetic Mellitus Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 48 hrs. 48 hours 3 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetes Mellitus			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from December 1, 1958 , to March 6, 1957 , that I last saw the deceased alive on March 6, 1957 , and that death occurred on 12 noon , from the causes and on the date stated above.			
ACTUAL SIGNATURE John H. Griffin M.D.		ADDRESS (Street, city or town, state) Box 75, HUGHESVILLE MD.	
PHYSICIAN'S NAME (Type) John H. Griffin M.D.		DATE SIGNED 3/6/57	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 3-8-59	22c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	22d. LOCATION (City, town, or county) (State) Bryantown, Md.
23. FUNERAL DIRECTOR'S SIGNATURE Hunt Funeral Home		24a. REC'D BY REGISTRAR DATE MAR 10 '59	
ADDRESS Waldorf, Md.		24b. REGISTRAR'S SIGNATURE Arthur S. Kline	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03050

Reg. Dist. No.

FOR STATE
HEALTH DEPT.

1. PLACE OF DEATH a. COUNTY <u>CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>NEW YORK</u> b. COUNTY <u>NASSAU</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>WAL LA PLATA</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>FLORAL PARK</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>PHYSICIAN'S MEMORIAL HOSP.</u>		d. STREET ADDRESS <u>9 SPOONER ST.</u>	
3. NAME OF DECEASED (Type or print) <u>MINNIE</u>		4. DATE OF DEATH Month <u>MARCH</u> Day <u>19</u> Year <u>1959</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 25, 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NEW YORK</u>	
11. BIRTHPLACE (State or foreign country) <u>NEW YORK</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Harry Walters</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO <u>-</u>	
17. INFORMANT <u>E. R. KEPHART</u>		Address <u>9 Spooner St., Floral Park, N.Y.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock</u> <u>825X</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Cerebral Concussion & Crush Injuries of Chest</u> DUE TO (c) <u>1 hr. 40 min.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr. 40 min.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Compound fracture of right ankle</u>			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) <u>Auto accident - U.S. 301</u>	
20c. TIME OF INJURY Month, Day, Year Hour <u>10:55</u> p.m. <u>3-19-59</u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Highway</u>	20f. (City or town) (County) (State) <u>Floral Park, Charles, Md.</u>
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE <u>V. B. Dettor</u>		DATE SIGNED <u>3-19-59</u>	
EXAMINER'S NAME (Type) <u>V. B. DETTOR</u>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	22b. DATE THEREOF <u>3/27/59</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Ebergreen</u>	22d. LOCATION (City, town, or county) (State) <u>New York N.Y.</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Isaac Laplata</u>		24a. REC'D BY REGISTRAR <u>Arthur S. Thomas</u>	
ADDRESS <u>100 E. 10th St., New York, N.Y.</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur S. Thomas</u>	
DATE <u>MAR 30 '59</u>			

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be given to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by the funeral director. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.



3060

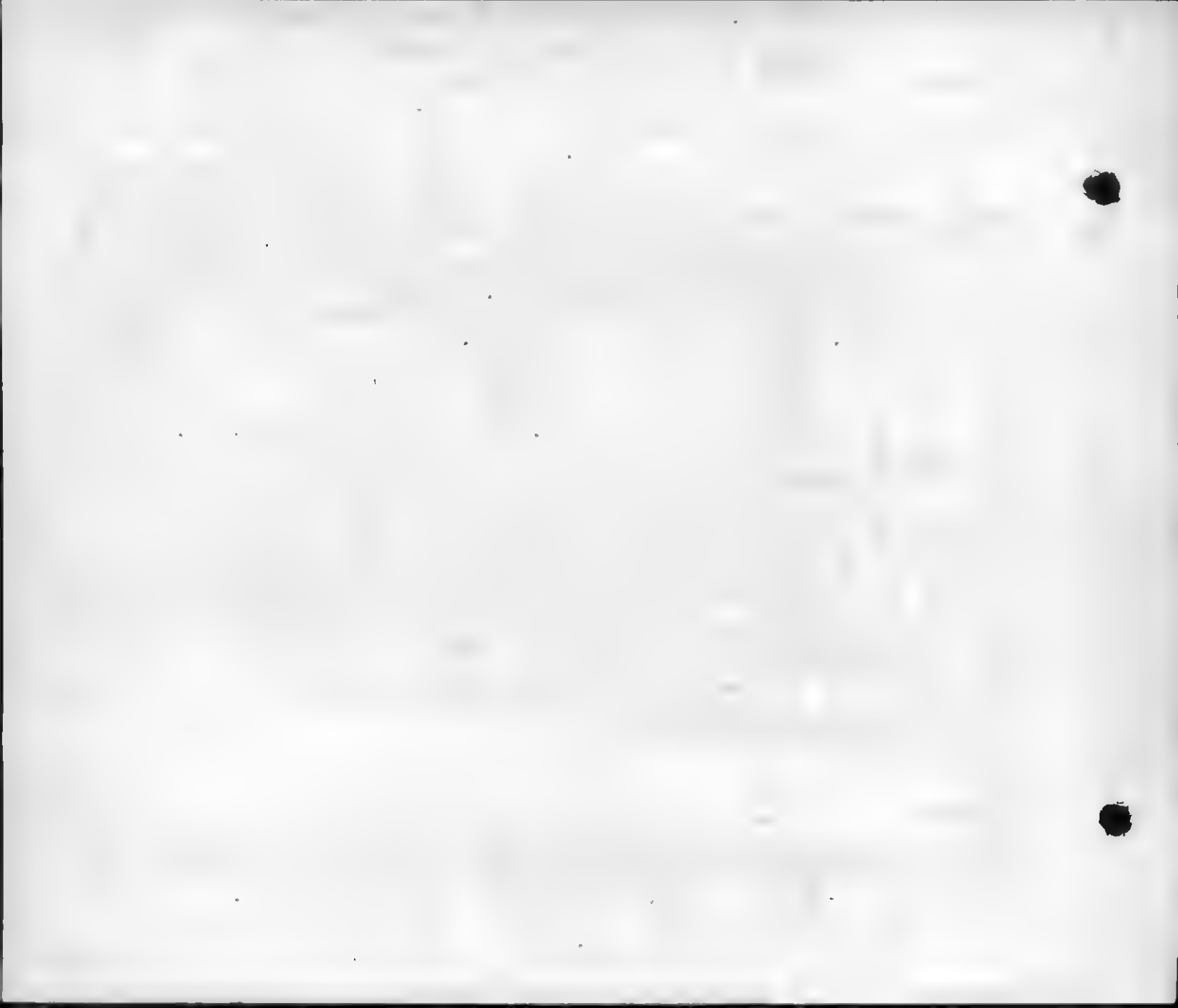
CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Charles MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. b. COUNTY Charles	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waldorf (rural)		c. LENGTH OF STAY IN TB 91 yrs.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION none		e. STREET ADDRESS none	
3. NAME OF DECEASED (Type or print) First William Middle Robert Last Moreland		4. DATE OF DEATH Month March Day 21 Year 1959	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 30 1867
9. AGE (In years last birthday) 91 yrs.		10. IF UNDER 1 YEAR: Months 91 Days 19 Hours 19 Min 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer ret.		10b. KIND OF BUSINESS OR INDUSTRY farming	
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Moreland		14. MOTHER'S MAIDEN NAME Jane O'Brien	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT R. Harry Moreland		Address Waldorf, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis - old age DUE TO Arteriosclerosis - old age Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Inability to swallow - Anorexia DUE TO Possible Breast Cancer - Hemorrhage (c) Arteriosclerosis - old age			INTERVAL BETWEEN ONSET AND DEATH 1 year 2 weeks unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Old Epithelioma of left maxillary area			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month 19 Day 19 Year 19 p.m.	20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Waldorf, Md.	
21. I certify that I attended the deceased from Jan 7, 1959 to Mar 21, 1959 , that I last saw the deceased alive on Mar 20, 1959 , and that death occurred at 6:00 A.M. , from the causes and on the date stated above.		ADDRESS (Street, city or town, state) Waldorf, Md.	
ACTUAL SIGNATURE VAHEH M. SERON MD		DATE SIGNED 3/21/59	
PHYSICIAN'S NAME (Type) VAHEH M. SERON MD			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 3-23-59	22c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	22d. LOCATION (City, town, or county) (State) Waldorf, Md.
23. FUNERAL DIRECTOR'S SIGNATURE Huntt Funeral Home, Waldorf, Md.		24a. REC'D BY REGISTRAR DATE MAR 26 '59	
		24b. REGISTRAR'S SIGNATURE Arthur S. Kline	

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



3061

CERTIFICATE OF DEATH

03052

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>Charles</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Charles</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Potomac Heights</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Potomac Heights</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>22 Fairmont Place</u>		d. STREET ADDRESS <u>122 Fairmont Place</u>	
3. NAME OF DECEASED (Type or print) <u>AMELIA</u> First Middle <u>NIEBERGALL</u> Last		4. DATE OF DEATH Month <u>March</u> Day <u>23</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 25, 1868</u>
9. AGE (In years last birthday) <u>90</u> yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>New York, Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>Germany</u>	
13. FATHER'S NAME <u>Peter Hose</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Heuser</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Mrs. R. Skunkousen</u>		Address <u>122 Fairmont Pl. Potomac Heights, Md.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u> <u>422.2</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town)		(County) (State)	
21. I certify that I attended the deceased from <u>Dec.</u> , 19 <u>58</u> , to <u>3/23</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>3/19</u> , 19 <u>59</u> , and that death occurred at <u>145 A. M.</u> from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>Frank G. Susan</u>		DATE SIGNED <u>3-23-59</u>	
PRINTED NAME <u>Frank A. Susan M.D.</u>		ADDRESS (Street, city or town, state) <u>5 Indian Head Avenue</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>3/25/59</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Mt. Rest Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>La Plata, Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Archard Funeral Home Inc.</u>		24. REGISTRAR'S SIGNATURE <u>William S. Thomas</u>	
24a. REC'D BY REGISTRAR <u>La Plata</u>		24b. REGISTRAR'S SIGNATURE <u>William S. Thomas</u>	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



3062

CERTIFICATE OF DEATH

03053

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Charles</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>CHAS</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>LaPlata</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural Bensville</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) <u>Poplar Memorial Hospital</u>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>RUFUS</u> Middle <u>M</u> Last <u>PICKERAL</u>				4. DATE OF DEATH Month <u>March</u> Day <u>9</u> Year <u>1959</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>OS-W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 2, 1893</u>	
9. AGE (In years last birthday) <u>65</u> yrs.		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		IF UNDER 24 HRS Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Store</u>		11. BIRTHPLACE (State or foreign country) <u>Charles C. Md.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>							
13. FATHER'S NAME <u>William A. Pickeral</u>				14. MOTHER'S MAIDEN NAME <u>Julia Pickeral</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>				16. SOCIAL SECURITY NO. <u>217-14-7448</u>		17. INFORMANT <u>Mrs. Maggie Pickeral, Waldorf, Md.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Cerebral occlusion</u>							<u>1 min</u>
400.0 DUE TO							
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.							
(b) <u>Chronic sclerotic heart disease</u>							<u>4 years</u>
DUE TO							
(c) <u>Long-term failure</u>							<u>18 mos</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Rheumatoid arthritis, chronic, multiple deformities</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. <u> </u> p. m. <u> </u> 19 <u>59</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town)				20g. (County)		20h. (State)	
21. I certify that I attended the deceased from <u>June</u> , 19 <u>50</u> , to <u>March</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>9 Mar.</u> , 19 <u>59</u> , and that death occurred at <u>7:30 PM</u> , from the causes and on the date stated above.							
ADDRESS (Street, city or town, state)				DATE SIGNED			
ACTUAL SIGNATURE <u>Arthur O. Woody</u> M.D.				<u>Arthur O. Woody</u> <u>9 Mar. 59</u>			
PHYSICIAN'S NAME (Type) <u>ARTHUR O. WOODY</u>				<u>LA PLATA MD</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORY		22d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>3-12-59</u>		<u>Oakland Cem.</u>		<u>Waldorf, Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Huntt Funeral Home, Waldorf, Md</u>				24a. REC'D BY REGISTRAR DATE <u>MAR 16 '59</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur O. Woody</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



3063

CERTIFICATE OF DEATH

03054

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Charles</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Virginia</u> b. COUNTY <u>King George</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Leplata</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>St. Mary's Hosp</u>		d. STREET ADDRESS <u>—</u>	
3. NAME OF DECEASED (Type or print) <u>REBECCA ?</u> First Middle Last		4. DATE OF DEATH <u>MAR 23</u> Month Day Year 19 <u>59</u>	
5. SEX <u>+</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 24, 1896</u>
9. AGE (In years last birthday) <u>62</u> yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hoby</u>	
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>—</u>	
13. FATHER'S NAME <u>John H. Carpenter</u>		14. MOTHER'S MAIDEN NAME <u>Hannie Bearchell</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT <u>Earl Pollins</u> Address <u>Fredricksburg Va.</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory failure</u> DUE TO <u>Chronic congested emphysema</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>—</u> DUE TO (c) <u>—</u>	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>—</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>12/22</u> , 19 <u>57</u> to <u>MAR 23</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>March 25, 1959</u> , and that death occurred at <u>11:30</u> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>—</u> DATE SIGNED <u>—</u>			
ACTUAL SIGNATURE <u>—</u> M.D.		PHYSICIAN'S NAME (Type) <u>FREDERICK M. JOHNSON</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town or county) (State)
<u>Burial</u>	<u>3/28/59</u>	<u>Polomac Baptist Church</u>	<u>King George Va</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Archie McLeplata</u> ADDRESS <u>—</u>		24. REC'D BY REGISTRAR DATE <u>MAR 31 '59</u>	
25. REGISTRAR'S SIGNATURE <u>Arthur L. Funn</u>			

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 24 hours after death.



3064

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Charles MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE Maryland b. COUNTY Charles			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata				c. LENGTH OF STAY IN 1b			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Physicians Memorial Hospital				e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hughesville		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Sewell				4. DATE OF DEATH Month Day Year March 31, 1959			
5 SEX Male	6 COLOR OR RACE Negro	7 MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8 DATE OF BIRTH March 31, 1959		9. AGE (In years last birthday) yrs	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11 BIRTHPLACE (State or foreign country) md		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Joseph Francis Sewell				14. MOTHER'S MAIDEN NAME Thelma Ella Monroe			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO		17. INFORMANT Mother		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Premature Labor 76.5 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Premature Separation of Placenta DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 3/31/1959 , to 3/31/1959 , that I last saw the deceased alive on 3/31/1959 , and that death occurred at 9:45 PM , from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED							
ACTUAL SIGNATURE Vahed M. Seron M.D.				PHYSICIAN'S NAME (Type) Vahed M. Seron, M.D.			
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORY		22d. LOCATION (City, town, or county) (State)	
Burial		4-1-59		St Mary's		Bryantown md	
23. FUNERAL DIRECTOR'S SIGNATURE Wm H. Farnel Home				ADDRESS Waldorf Md		24a. REC'D BY REGISTRAR DATE APR 2 1959	
						24b. REGISTRAR'S SIGNATURE Arthur S. Kraus	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03056

Reg. Dist. No.

FOR STATE
HEALTH DEPT.

3065

1. PLACE OF DEATH a. COUNTY <u>Charles</u> MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Waldorf, Rural</u> c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Charles</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Waldorf, Rural</u> d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Joseph</u> First <u>Shorter</u> Middle Last 4. DATE OF DEATH <u>March</u> Month <u>6</u> Day <u>1959</u> Year		5. SEX <u>M</u> 6. COLOR OR RACE <u>Negro</u> 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> 8. DATE OF BIRTH <u>July 7, 1908</u> 9. AGE (In years last birthday) <u>50</u> yrs. IF UNDER 1 YEAR Months <u> </u> Days <u> </u> IF UNDER 24 HRS Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) <u>Maryland</u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Alexander Shorter</u> 14. MOTHER'S MAIDEN NAME <u>Mary Lyles</u> 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> 16. SOCIAL SECURITY NO. <u>None</u> 17. INFORMANT <u>Mary L. Shorter, Waldorf, Md</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>420.1</u> DUE TO <u>Coronary Occlusion</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u> </u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u> </u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-6-59</u> 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Month, Day, Year <u> </u> <u> </u> <u>19</u> Hour <u> </u> a. m. <u> </u> p. m. 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u> </u> 20f. (City or town) <u> </u> (County) <u> </u> (State) <u> </u>	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE <u>E. J. Edelen</u> EXAMINER'S NAME (Type) <u>E. J. EDELEN</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>3-7-59</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 22b. DATE THEREOF <u>March 9, 1959</u> 22c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's</u> 22d. LOCATION (City, town, or county) <u>Tom first</u> (State) <u>Md.</u>		24a. REC'D BY REGISTRAR <u> </u> 24b. REGISTRAR'S SIGNATURE <u>Arthur S. Hines</u> 24c. DATE <u>MAR 10 '59</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Huntt Funeral Home, Waldorf, Md</u> ADDRESS			

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3066

Item 9 Film G240 3-18-59 et
 CERTIFICATE OF DEATH

03057

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY CHARLES MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Charles			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LA PLATA				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Physicians Memorial Hosp				1 d. STREET ADDRESS			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First CORA Middle AGNES Last THOMAS				4. DATE OF DEATH Month March Day 6 Year 1959			
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JUNE 10, 1893	
9. AGE (In years full birthday) 65 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Charles County Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME HENRY YATES				14. MOTHER'S MAIDEN NAME JENNIE Young			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO. [If yes, give war or dates of service]				16. SOCIAL SECURITY NO. NONE.		17. INFORMANT Mrs. Madaglin Ford - La Plata Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Hypertensive Cardiac Disease DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH 6 years.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) CANCER OF LEFT BREAST - TREATED AT Washington							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from Jan , 19 50 , to March , 19 59 , that I last saw the deceased alive on 6 March , 19 59 , and that death occurred at 7:00 P.M. from the causes and on the date stated above.							
ACTUAL SIGNATURE A. Woody				DATE SIGNED 7 Mar 59			
PHYSICIAN'S NAME (Type) ARTHUR O. WOODY				ADDRESS (Street, city or town, state) La Plata Md.			
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORY		22d. LOCATION (City, town, or county) (State)	
REMOVAL		3/10/59		SACRED HEART CEM.		LA PLATA, M.D.	
23. FUNERAL DIRECTOR'S SIGNATURE AREHART FUNERAL HOME INC. MD.				24a. REC'D BY REGISTRAR DATE MAR 11 '59		24b. REGISTRAR'S SIGNATURE Arthur L. Howard	

CERTIFICATE OF DEATH

1900

Name of Deceased		Sex		Age		Date of Death	
Place of Birth		Usual Residence		Cause of Death		Manner of Death	
Occupation		Education		Marital Status		Burial Place	
Signature of Physician		Signature of Registrar		Signature of Informant		Signature of Coroner	
Date of Report		Time of Report		Place of Report		Office of Registrar	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained at the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3067
CERTIFICATE OF DEATH

03058

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Charles</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Mechanicsville</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Waldorf</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural Mechanicsville</u> 18X-2	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First Middle Last <u>James Thomas Wathen</u>		4. DATE OF DEATH Month Day Year <u>March 20, 19 59</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 18, 1957</u>
9. AGE (In years last birthday) <u>2</u> yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Roy Wathen</u>		14. MOTHER'S MAIDEN NAME <u>Louise Morgan</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT Address <u>Roy Wathen Mechanicsville, Maryland</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> <u>491X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Hydrocephalus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Mar 19, 1959</u> to <u>Mar 20, 1959</u> , that I last saw the deceased alive on <u>Mar 19, 1959</u> , and that death occurred at <u>1:00</u> M, from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>J. Roy Guyther</u> M.D.		ADDRESS (Street, city or town, state) <u>Mechanicsville, Md</u> DATE SIGNED <u>3/20/59</u>	
PHYSICIAN'S NAME (Type) <u>J. Roy Guyther M.D.</u>		<u>Mechanicsville, Maryland</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>3/21/59</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's</u>		22d. LOCATION (City, town, or county) (State) <u>Morganza, Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>W. Clarke Mattingley</u>		ADDRESS <u>Leonardtwn, Md.</u>	
24a. REC'D BY REGISTRAR <u>MAR 24 '59</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur S. Kraus</u>	

CERTIFICATE OF DEATH

1904

MASSACHUSETTS DEPARTMENT OF HEALTH - BOSTON

MASSACHUSETTS DEPARTMENT OF HEALTH - BOSTON

MASSACHUSETTS DEPARTMENT OF HEALTH - BOSTON

MASSACHUSETTS DEPARTMENT OF HEALTH - BOSTON